

JS 44 (Rev. 06/17)

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM)

<b>I. (a) PLAINTIFFS</b> Gilbert Medical Building, LLC		<b>DEFENDANTS</b> (1)Travelers Casualty Insurance Company of America (2)Nicholas Lee Best (3)The Insurance Center Agency, Inc.																																														
<b>(b) County of Residence of First Listed Plaintiff</b> <u>Oklahoma</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i>		County of Residence of First Listed Defendant _____ <i>(IN U.S. PLAINTIFF CASES ONLY)</i> NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.																																														
<b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b> S. Alex Yaffe and David L. Teasdale Foshee & Yaffe, PO Box 890420, Oklahoma City, OK 73189 (405)632-6668		Attorneys <i>(If Known)</i> R. Stratton Taylor, Darrell W. Downs, Jacob R. Daniel, Mark H. Ramsey of the Taylor Foster Law Firm for Defendant Travelers PO Box 309 Claremore, OK 74018 (918)343-4100																																														
<b>II. BASIS OF JURISDICTION</b> <i>(Place an "X" in One Box Only)</i>		<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> <i>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</i>																																														
<input type="checkbox"/> 1 U.S. Government Plaintiff		<input checked="" type="checkbox"/> 1 Citizen of This State																																														
<input type="checkbox"/> 2 U.S. Government Defendant		<input checked="" type="checkbox"/> 2 Citizen of Another State																																														
<input checked="" type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>		<input type="checkbox"/> 3 Citizen or Subject of a Foreign Country																																														
<input checked="" type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>		<input checked="" type="checkbox"/> 4 Incorporated or Principal Place of Business In This State																																														
		<input type="checkbox"/> 5 Incorporated and Principal Place of Business In Another State																																														
		<input type="checkbox"/> 6 Foreign Nation																																														
<b>IV. NATURE OF SUIT</b> <i>(Place an "X" in One Box Only)</i>																																																
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<b>V. ORIGIN</b> <i>(Place an "X" in One Box Only)</i>																																																
<input type="checkbox"/> 1 Original Proceeding		<input checked="" type="checkbox"/> 2 Removed from State Court																																														
<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 4 Reinstated or Reopened																																														
<input type="checkbox"/> 5 Transferred from Another District (specify)		<input type="checkbox"/> 6 Multidistrict Litigation - Transfer																																														
<input type="checkbox"/> 7 Removed to Federal Court		<input type="checkbox"/> 8 Multidistrict Litigation - Direct File																																														
Cite the U.S. Civil Statute under which you are filing <i>(Do not cite jurisdictional statutes unless diversity)</i> : <b>28 U.S.C. §§ 1441 and 1446</b>																																																
Brief description of cause: <b>insurance breach of contract</b>																																																
<b>VI. CAUSE OF ACTION</b>		DEMAND \$ _____ CHECK YES only if demanded in complaint: <b>JURY DEMAND:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																														
<b>VII. REQUESTED IN COMPLAINT:</b>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.																																														
<b>VIII. RELATED CASE(S) IF ANY</b> <i>(See instructions):</i>		JUDGE _____ DOCKET NUMBER _____																																														
DATE 09/04/2020 <b>FOR OFFICE USE ONLY</b>		SIGNATURE OF ATTORNEY OF RECORD s/Darrell W. Downs																																														
RECEIPT # _____ <b>AMOUNT</b> _____		<b>APPLYING IFFP</b> _____ JUDGE _____ MAG. JUDGE _____																																														